

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY
 (Includes Reference to Provisional and International (PCT) Applications)

Attorney's Docket No.

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

The specification of which (check only one item below):

☒ is attached hereto.☐ was filed as United States Patent Application

Number _____

on _____

and was amended on _____

(if applicable).

☐ was filed as International (PCT) Application

Number _____

On _____

and was amended on _____

(if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the U.S. Patent and Trademark Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §§ 119 (a)-(e) of any foreign application(s) for patent or inventor's certificate or of any International (PCT) Application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT International (PCT) Application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. § 119:

COUNTRY (if PCT, indicate "PCT")	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 U.S.C. § 119
Europe	00811110.6	22.11.2000	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below.

(APPLICATION NUMBER)

(FILING DATE)

(APPLICATION NUMBER)

(FILING DATE)

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (CONT'D)
 (Includes Reference to Provisional and International (PCT) Applications)

 Attorney's Docket
 No.

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) or International (PCT) Application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose to the U.S. Patent and Trademark Office all information known to me to be material to the patentability as defined in Title 37, Code of Federal Regulations § 1.56, which became available between the filing date of the prior application(s) and the national or international filing date of this application:

PRIOR U.S. APPLICATIONS OR INTERNATIONAL (PCT) APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. § 120:

U.S. APPLICATIONS		STATUS (check one)		
U.S. APPLICATION NUMBER	U.S. FILING DATE	PATENTED	PENDING	ABANDONED
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PCT APPLICATIONS DESIGNATING THE U.S.				
PCT APPLICATION NO.	PCT FILING DATE	U.S. APPLICATION NUMBERS ASSIGNED (if any)		

I hereby appoint the following attorneys and agent(s) to prosecute said application and to transact all business in the U.S. Patent and Trademark Office connected therewith and to file, prosecute and to transact all business in connection with international applications directed to said invention:

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Robert S. Swecker	19,885	R. Danny Huntington	27,903	Michael J. Lire	33,089
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (CONT'D) (Includes Reference to Provisional and International (PCT) Applications)	Attorney's Docket No.
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FULL NAME OF SOLE OR FIRST INVENTOR Thomas LANG	SIGNATURE <i>Thomas Lang</i>	DATE 2001-10-03
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FULL NAME OF THIRD JOINT INVENTOR, IF ANY	SIGNATURE	DATE
RESIDENCE (CITY & STATE/COUNTRY)	CITIZENSHIP	
POST OFFICE ADDRESS (HOME ADDRESS)		
FULL NAME OF FOURTH JOINT INVENTOR, IF ANY	SIGNATURE	DATE
RESIDENCE (CITY & STATE/COUNTRY)	CITIZENSHIP	
POST OFFICE ADDRESS (HOME ADDRESS)		
FULL NAME OF FIFTH JOINT INVENTOR, IF ANY	SIGNATURE	DATE
RESIDENCE (CITY & STATE/COUNTRY)	CITIZENSHIP	
POST OFFICE ADDRESS (HOME ADDRESS)		
FULL NAME OF SIXTH JOINT INVENTOR, IF ANY	SIGNATURE	DATE
RESIDENCE (CITY & STATE/COUNTRY)	CITIZENSHIP	
POST OFFICE ADDRESS (HOME ADDRESS)		
FULL NAME OF SEVENTH JOINT INVENTOR, IF ANY	SIGNATURE	DATE
RESIDENCE (CITY & STATE/COUNTRY)	CITIZENSHIP	
POST OFFICE ADDRESS (HOME ADDRESS)		
FULL NAME OF EIGHTH JOINT INVENTOR, IF ANY	SIGNATURE	DATE
RESIDENCE (CITY & STATE/COUNTRY)	CITIZENSHIP	
POST OFFICE ADDRESS (HOME ADDRESS)		
FULL NAME OF NINTH JOINT INVENTOR, IF ANY	SIGNATURE	DATE
RESIDENCE (CITY & STATE/COUNTRY)	CITIZENSHIP	
POST OFFICE ADDRESS (HOME ADDRESS)		
FULL NAME OF TENTH JOINT INVENTOR, IF ANY	SIGNATURE	DATE
RESIDENCE (CITY & STATE/COUNTRY)	CITIZENSHIP	
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